



**REGULAR PAID (CAREER)
PERSONNEL EXPENSE INVOICE**

To be Completed by Fire Agency
Attach copy of each **PERSONNEL TIME REPORT**

Original and one copy to WSP

Request #	By Individual
Mission #	
Event Name:	

Federal ID Number

Person Completing Form

Phone Number

Fire Agency _____

Fire District # _____

Mailing Address

City

Zip

Instructions are in the Plan. For other pay rates, attach documentation.
Please list by "Request #" found in upper right corner of each firefighter's Time Report.

Request #	Firefighter Name	Hours		TCC Rate		Total Cost of Compensation (TCC)
		Regular	OT	Regular	OT	

MOBILIZATION REGULAR PAID (CAREER) PERSONNEL EXPENSE INVOICE

I certify under penalty of perjury under the laws of the state of Washington that the information provided here is true and accurate.

Agency Authorized Signature

Date

Printed Name and Title